

In addition to the information requested below, you must also provide the names, social security numbers, and wages earned for **all** work-site employees who performed work during each calendar quarter of the most recently completed calendar year. If the total number of work-site employees for **all** work-site employers exceeds 100, you must submit the employee list, on an Excel spreadsheet or other UI Program-approved format, via compact disc (CD) with your application. Call one of the above telephone numbers to request approval to submit the list using an alternate format. If there are 100 or fewer work-site employees, you may provide the employee list on a CD or paper report.

Name of Employee-Leasing Company	Unemployment Insurance Account Number
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Work-Site Employer Unemployment Insurance Account Number	Work-Site Employer Federal Employer Identification Number
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Owner, Partners, or Corporate Name	
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Trade Name (Doing Business As)	Telephone Number
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Work-Site Address (include city, state, and ZIP code)
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Provide the effective date and ending date of the written contract with the work-site employer		Most Recently Completed Calendar Year
Effective Date	Ending Date	

First Calendar Quarter	Second Calendar Quarter	Third Calendar Quarter	Fourth Calendar Quarter
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First Calendar Quarter	Second Calendar Quarter	Third Calendar Quarter	Fourth Calendar Quarter
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Work-Site Employer Unemployment Insurance Account Number	Work-Site Employer Federal Employer Identification Number
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Owner, Partners, or Corporate Name	
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Trade Name (Doing Business As)	Telephone Number
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Work-Site Address (include city, state, and ZIP code)
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Provide the effective date and ending date of the written contract with the work-site employer		Most Recently Completed Calendar Year
Effective Date	Ending Date	

First Calendar Quarter	Second Calendar Quarter	Third Calendar Quarter	Fourth Calendar Quarter
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First Calendar Quarter	Second Calendar Quarter	Third Calendar Quarter	Fourth Calendar Quarter
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I certify that the information provided is true, correct, and complete to the best of my knowledge.

Name of Owner, Partner, or Corporate Officer	Title
Signature	Date